

<i>SERFF Tracking Number:</i>	<i>AOIC-125354515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>PPA/89023</i>		

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Personal Automobile

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: AOIC-125354515

SERFF Status: Closed

Co Tr Num: PPA-AR-99-
11/16/2007-89023

Co Status: In Progress

Authors: Sue Holben, Claudia
Stewart, Autumn Whitson

Date Submitted: 11/15/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 11/15/2007

Disposition Status: Approved

Effective Date (New): 12/16/2007

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: PPA

Project Number: 89023

Reference Organization:

Reference Title:

Filing Status Changed: 11/15/2007

State Status Changed: 11/15/2007

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after December 16, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

AMY KLEIN, AIS, API, MANAGER

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125354515 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PPA-AR-99-11/16/2007-89023
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: PPA/89023

PERSONAL AUTOMOBILE - SOUTH

KLEIN.AMY@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-703-8981 Ext. 8981

Underwriter:

TAYLOR AAPALA

AAPALA.TAYLOR@AOINS.COM

(517) 886-1822

Company and Contact

Filing Contact Information

Amy Klein, Manager

PO Box 30660

Lansing, MI 48909-8160

klein.amy@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins

Group

FEIN Number: 38-0315280

State of Domicile: Michigan

Company Type: PC

State ID Number:

(800) 346-0346 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	11/15/2007	16661107

<i>SERFF Tracking Number:</i>	<i>AOIC-125354515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>PPA/89023</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	11/15/2007	11/15/2007

SERFF Tracking Number: *AOIC-125354515*

State: *Arkansas*

Filing Company: *Auto-Owners Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *PPA-AR-99-11/16/2007-89023*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *Personal Automobile*

Project Name/Number: *PPA/89023*

Disposition

Disposition Date: 11/15/2007

Effective Date (New): 12/16/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125354515	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PPA-AR-99-11/16/2007-89023		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Automobile		
Project Name/Number:	PPA/89023		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Air Bag Replacement Coverage Endorsement	Approved	Yes
Form	Waiver of Glass Deductible for Repair	Approved	Yes
Form	Waiver of Deductible - Glass Damage	Approved	Yes

SERFF Tracking Number:	AOIC-125354515	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PPA-AR-99-11/16/2007-89023		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Automobile		
Project Name/Number:	PPA/89023		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Air Bag Replacement Coverage Endorsement	89023	07-06	Endorsement New		40.70	89023 (7-06).pdf
Approved	Waiver of Glass Deductible for Repair	89024	07-06	Policy/Coverage New		40.80	89024 (7-06).pdf
Approved	Waiver of Deductible - Glass Damage	79730	07-06	Policy/Coverage Replaced	Replaced Form #: 79730-(07-97) Previous Filing #:	51.80	79730 (7-06).pdf

AIR BAG REPLACEMENT COVERAGE ENDORSEMENT
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 3. COVERAGE EXTENSIONS**, the following coverage extension is added:

Air Bag Replacement Coverage

If your automobile is a private passenger automobile, we will extend the Comprehensive Coverage that applies to your automobile for the replacement of the air bag when it inflates without your automobile having been involved in a Comprehensive or Collision loss.

All other policy terms and conditions apply.

WAIVER OF GLASS DEDUCTIBLE FOR REPAIR
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES, c. Comprehensive Coverage**, the following provision is added:

*A deductible stated in the Declarations for Comprehensive Coverage does not apply to the repair of safety or laminated glass contained within the windshield, rear window, a door window or any other side window of **your automobile**, provided both **you** and **we** agree to the repair.*

The provisions of this endorsement do not apply to:

- (1) any light or any component of any light of your **automobile**;
- (2) sunroofs of any type;
- (3) removable roof panels of any type; or
- (4) mirrors of any type.

All other policy terms and conditions apply.

WAIVER OF DEDUCTIBLE - GLASS DAMAGE
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES, c. Comprehensive Coverage**, the following provision is added:

A Comprehensive Coverage deductible stated in the Declarations does not apply to the replacement of glass, laminated glass or safety glass contained in the windshield, rear window, a door window or any other side window *of your automobile as a result of a covered loss or damage.*

The provisions of this endorsement do not apply to:

1. any light or any component of any light of **your automobile**;
2. sunroofs of any type;
3. removeable roof panels of any type; or
4. mirrors of any type.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125354515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>PPA/89023</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125354515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>PPA/89023</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/15/2007
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Comments:

Attachment:

89023 transmittal PPA.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only 	2. Insurance Department Use Only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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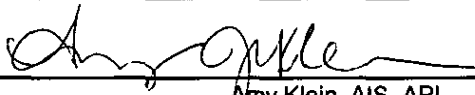
3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number PPAAR21116200789023

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Amy Klein, AIS, API, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-703-8981 800-346-0346 Ext. 8981	517 391-1903	KLEIN.AMY@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Amy Klein, AIS, API

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0000 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto - (PPA)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Personal Automobile
13. Filing Type	FORM
14. Effective Date(s) Requested	December 16, 2007
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	November 16, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking # PPAAR21116200789023
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after December 16, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

AMY KLEIN, AIS, API, MANAGER

PERSONAL AUTOMOBILE UNDERWRITING - SOUTH

KLEIN.AMY@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-703-8981

Ext. 8981

Underwriter:

TAYLOR AAPALA

AAPALA.TAYLOR@AOINS.COM

(517) 886-1822

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULEThis form must be provided **ONLY** when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	PPAAR21116200789023			
2.	This filing corresponds to rate/rule filing number				
3.	Component/Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
1	Air Bag Replacement Coverage Endorsement	89023 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Waiver of Deductible - Glass Damage	79730 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Waiver of Glass Deductible for Repair	89024 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3